



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
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<b>SERIAL NUMBER</b> 09/516,252	<b>FILING DATE</b> 03/01/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2768	<b>ATTORNEY DOCKET NO.</b> 3654-2
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**APPLICANTS**  
 Patrick G Sobalvarro, Woburn, MA ;  
 Tracey D Weber, New York, NY ;  
 Alexander R. Krymm, New York, NY ;

**\*\* CONTINUING DATA \*\*\*\*\*** *None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/25/2000** -

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 5
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Verified and Acknowledged *[Signature]* Examiner's Signature Initials

**ADDRESS**  
 Nixon & Vanderhyde PC  
 1100 North Glebe Road 8th Floor  
 Arlington, VA 22201-4714

**TITLE**  
 System and method for grouping and selling products or services

<b>FILING FEE RECEIVED</b> 1174	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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CONFIRMATION NO. 3759

<b>SERIAL NUMBER</b> 09/516,252	<b>FILING DATE</b> 03/01/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3625	<b>ATTORNEY DOCKET NO.</b> 3654-2
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**APPLICANTS**  
 Patrick G Sobalvarro, Woburn, MA;  
 Tracey D Weber, New York, NY;  
 Alexander R. Krymm, New York, NY;

**\*\* CONTINUING DATA \*\*** *none*

**\*\* FOREIGN APPLICATIONS \*\*** *none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/25/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**  
00826

**TITLE**  
System and method for grouping and selling products or services

<b>FILING FEE RECEIVED</b> 2648	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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